

CCRB INVESTIGATIVE RECOMMENDATION

Investigator: Jean Paul Lozada	Team: Squad #2	CCRB Case #: 201600546	<input type="checkbox"/> Force	<input type="checkbox"/> Discourt.	<input type="checkbox"/> U.S.
			<input checked="" type="checkbox"/> Abuse	<input type="checkbox"/> O.L.	<input type="checkbox"/> Injury
Incident Date(s) Saturday, 12/26/2015 10:00 PM	Location of Incident: § 87(2)(b)	Precinct: 123	18 Mo. SOL 6/26/2017	EO SOL 6/26/2017	
Date/Time CV Reported Fri, 01/15/2016 2:57 PM	CV Reported At: CCRB	How CV Reported: Mail	Date/Time Received at CCRB Thu, 01/21/2016 1:34 PM		

Complainant/Victim	Type	Home Address
§ 87(2)(b)	§ 87(2)(b)	§ 87(2)(b)

Witness(es)	Home Address
§ 87(2)(b)	§ 87(2)(b)

Subject Officer(s)	Shield	TaxID	Command
1. SGT Nikolaos Stefopoulos	04686	944294	123 PCT
2. POM Scott Zeitler	03301	949827	123 PCT

Officer(s)	Allegation	Investigator Recommendation
A.SGT Nikolaos Stefopoulos	Abuse: Sgt. Nikolaos Stefopoulos entered and searched § 87(2)(b), in Staten Island.	§ 87(2)(b)
B.SGT Nikolaos Stefopoulos	Abuse: Sgt. Nikolaos Stefopoulos refused to provide his name and shield number to § 87(2)(b)	§ 87(2)(b)
C.POM Scott Zeitler	Abuse: PO Scott Zeitler refused to provide his name and shield number to § 87(2)(b)	§ 87(2)(b)

Case Summary

On January 15, 2016, § 87(2)(b) filed this complaint with the CCRB via mail. The CCRB received § 87(2)(b)'s letter on January 21, 2016.

On January 27, 2016, the investigator called § 87(2)(b) who stated that his criminal court case was ongoing and asked for time to consult with his attorney to decide how to proceed with his complaint. On February 1, 2016, the investigator called § 87(2)(b) who stated that he would like to pursue this complaint but his attorney advised him to wait until after his court date on February 23, 2015 before doing so. The investigator informed § 87(2)(b) that his case will be closed and that he can request to re-open his case by writing a letter to the CCRB. § 87(2)(g)

Squad: 2

Investigator:	_____	_____	_____
	Signature	Print	Date
Squad Leader:	_____	_____	_____
	Title/Signature	Print	Date
Reviewer:	_____	_____	_____
	Title/Signature	Print	Date